

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.

10/518152

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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43		/				
44		/				
45		/				
46						
47						
48						
49						
50						
TOTAL IND.		4				
TOTAL DEP.	40					
TOTAL CLAIMS	44					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
81						
82						
53						
54						
55						
56						
57						
58						
59						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS